



NEW JERSEY STATE PARK POLICE
RECORDS REQUEST FORM

SOP 4.22
ANNEX B

PROCEDURES FOR OBTAINING COPIES OF STATE PARK POLICE REPORTS

I. ACCIDENT REPORTS, NON-CRIMINAL INCIDENT REPORTS

A. For copies of the above reports contact or write to:

New Jersey State Park Police - Records Bureau
501 East State Street, Mail Code 501-04
PO Box 420
Trenton, New Jersey, 08625-0420
Telephone: (609)-292-4744
Fax: (609)-633-7594

1. Complete lower portion of this form and return with the proper fee(s).
2. Request for reports must be accompanied with a certified check, business check or money order made payable to **Treasurer, State of New Jersey.**

3. FEES

i. COPY FEES: (POSTAGE NOT INCLUDED)

Letter Size.	\$0.05 per page
Legal Size	\$0.07 per page
Other Materials (CD,DVD, etc.)	Actual Cost

ii. POSTAGE FEES:

Pages 1 to 6	\$0.45	Pages 13 to 17.	\$0.90
Pages 7 to 12	\$0.69	Pages 18 to 20.	\$1.14

iii. MOTOR VEHICLE ACCIDENT REPORT:

Accident Report	\$5.00 (Postage Included)
---------------------------	---------------------------

REPORT REQUEST INFORMATION

To obtain copies of State Park Police motor vehicle accident reports or incident reports this form must be completed and returned to the APPROPRIATE AUTHORITY INDICATED ABOVE. Please provide the necessary information in this section and return with the proper fee(s). **DO NOT SEND CASH.** Reports subject to the discovery process will not be released. Instead, those requests must be in writing and forwarded directly to the appropriate municipal/county prosecutor. This form is used to facilitate your request for the reports listed below.

Requesting Party/Authority: _____

Address: _____

Telephone Number: (_____) _____ Location of Incident: _____

Date of Incident: _____ Officers Name/ID: _____

IF KNOWN, CHECK TYPE OF REPORT REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Accident Report _____ (File #) | <input type="checkbox"/> Incident Report _____ (File #) |
| <input type="checkbox"/> Drinking-Driving Report _____ (File #) | <input type="checkbox"/> Accidental Injury/Death _____ (File #) |
| <input type="checkbox"/> Other – Explain: _____ | |

NOTE: REPORTS WILL NOT BE AVAILABLE TO ANYONE APPLYING IN PERSON. THIS FORM MUST BE COMPLETED AND FORWARDED WITH THE PROPER FEE.